OCT 3 1 2005

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE quired to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/764,802 Filing Date January 26, 2004 First Named Inventor Herbstreit, Michael E. Art Unit 2863 **Examiner Name** Cherry, Stephen J. Attorney Docket Number

TRANSMITTAL **FORM**

(to be used for all correspondence after initial filing)

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Total Number of Pages in This Submission				Attorney Docket Number	BIN	BING-1-1050				
\$*			ENC	LOSURES (Check a	all that apply	ly)				
X /	Amendme Af Af Extension Express A Informatio Certified C Document Reply to M ncomplete	ee Attached ent/Reply fiter Final ffidavits/declaration(s) n of Time Request Abandonment Request on Disclosure Statement Copy of Priority t(s) Missing Parts/ te Application eply to Missing Parts der 37 CFR 1.52 or 1.53		Drawing(s) Replacemer (Figs. 1-3) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocati Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on Cocks	ion Address	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Return Receipt Postcard Check No./5230 for \$120				
A1		SIGNA	TURE O	F APPLICANT, ATTO	RNEY, O	OR AGENT				
Firm Name Black Lowe & Gral		ham, PLLC								
Signature		Del. C.T	Stew	٠						
Printed n	ame	Dale C. Barr		*						
Date		October 28, 2005	,		Reg. No.	40,498				

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OCT 3 1 2005

PTO/SB/17 (12-04)

Date October 28, 2005

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Foi	r FY 20)05		First Named In	ventor	Herbstr	eit, Micha	<u>el</u>					
Applicant claims small	entity status.	See 37 CFR 1.2	7	Examiner Nam	e	Cherry,	<u>J.</u>						
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TOTAL AMOUNT OF PAY	MENT (\$)	120.00		Attorney Docket No. BING-1-1050					<i>_</i>				
METHOD OF PAYMENT (check all that apply)													
X Check Credit Card Money Order None Other (please identify):													
X Deposit Account Deposit Account Number: 501050 Deposit Account Name: Black Lowe & Graham, PLLC													
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee													
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FEE CALCULATION	011710-2030.				*		_						
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3. APPLICATION SIZE													
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4. OTHER FEE(S)								Fees	Paid (\$)				
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Name (Print/Type)

Dale C. Barr